NURSING STARS

Make a Nurse a STAR!

Be sure your nurses receive their stars!

SPONSORSHIP LEVELS ARE:

\$50 per star
\$200 for 5 nurses
\$400 for 10 nurses
\$1,000 for an entire patient care unit

Honor a favorite nurse or nurses in time for Nurses Week, May 6-12.

Your sponsorship supports scholarships and continuing education programs for Inova Nurses. Stars can be individual nurses or an entire patient care unit. The more nursing stars named, the more you'll help all Inova nurses expand their knowledge and skills.

> For more information, visit www.inova.org/nursingstars or call **703.289.2094**.

Inova Edelman Center for Nursing



NURSING **STARS** Make a Nurse a STAR!

Nurses Week is coming!

Join your colleagues in honoring a nurse in time for **Nurses Week, May 6-12**. Instead of the usual candy and flowers, why not honor a nurse by naming him or her a nursing star? Your star will receive recognition letting them know you've honored them, as well as a special edition of the star-shaped lapel pin during Nurses Week.

Since the proceeds of your generous donation will fund scholarships and continuing education programs for Inova nurses, nursing stars will continue to reap the benefits of your gift for years to come!

Please note that you can use employee payroll deduction for your Nursing Star sponsorship. Employee payroll deductions will occur in 10 pay periods beginning in August and ending with your last paycheck in December. Please note that to process payroll deduction, your signature is required.

Payroll Deduction Examples:

\$5.00	х	10 pay periods =	=	\$50
\$20.00	х	10 pay periods =	=	\$200
\$40.00	х	10 pay periods =	=	\$400
\$100.00	х	10 pay periods =	=	\$1,000

Nursing Star Sponsorships:

\$50 per star

- \$200 for 5 nurses
- \$400 for 10 nurses
- \$1,000 for an entire patient care unit

To name a Nursing Star, complete the section at right and return by:

Fax:	703.289.2073	
Interoffice mail:	Nursing Stars, Cambridge Court, Foundation	
Phone:	703.289.2094	
Mail:	Inova Health Foundation Attn: Nursing Stars 8110 Gatehouse Road, Suite 200E Falls Church, VA 22042	

Sponsor Information

Print sponsor name as you would like it to appear in foundation acknowledgement lists.

Contact person for billing purposes:

NAME		
TITLE		
PHONE	FAX	
E-MAIL		

Information About Your Nursing Star(s)

(For additional stars, please use a separate piece of paper)

This gift is \Box in honor \Box in memory of

Nurse Name or Patient Care Unit Name

Please check if the nurse listed above is employed at Inova.

at

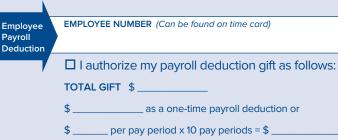
Hospital/Unit

If not, please provide contact information below so that we may send a letter acknowledging your gift:

NAME

ADDRESS

Payment Information



I understand that equal amounts will be deducted each pay period.

EMPLOYEE	
EIVIPLOTEE	
SIGNATURE	
SIGNATURE	

DATE

CASH, CHECK, PLEDGE OR CHARGE

(Please make your check payable to **Inova Health Foundation** and return with this form)

CASH OR CHECK: Enclosed is my gift in the amount of \$	-			
PLEDGE: My pledge of \$ will be paid in the following manner by December 31:				
To be paid in \Box two \Box three \Box four \Box monthly installments				
CHARGE \$ FOR INTERNAL USE				
Please charge my credit card:				
SIGNATURE (IF USING A CREDIT CARD)				

ACCOUNT NO.

EXPIRATION DATE